	PLANT OR C	OMPANY CONTACT	INFORMA	TION:	
Name:		Compai	ny:		
					Л ар:
	A ST COMMENT				
	City		State	ZIP Co	de
Callback Phone:	()	Alternate Phon	ne: ()		
Date:	Time E	vent Started:		Time Repo	rted:
INCIDENT UPDATE:					
Is any release sto	opped and the incident under contr	ol?	No	☐ Yes	
Has CIMA been	notified?	☐ On Standby	☐ On-S	Scene Response	□ Special Call
Has any fence-lin	ne or community air monitoring bee	n conducted?	No	☐ Yes	
If Yes, list each l	ocation and the concentrations det	ected:			
Location:		Conce	ntration:		Since the second control of the second contr
		Conco	ntration:		
		Canaa	ntration:		
When does the C	Company expect to provide anothe	r Incident Update?			
COMMUNITY INFORMATION OR WARNING:					
Check the community information or warning systems that the Company has utilized:					
		• 25 ·	S. 1961	-	
∐ None	CAER Line First	Call MA	.NS _	Plant sirens	☐ Website
☐ Other					
List any Community members that the Company has contacted directly: (such as CAC/CAP, church, hospital, library, neighbors, park, pool, schools, shopping center):					
MEDIA INQUIRIES:					
If the Responsible Agency receives any media inquiries, to whom should inquiries be referred?					
			<u> </u>	Phone:	
	ceived any media inquiries?		No	Yes	☐ Unknown
t sta	plan to issue a News Release?		No	☐ Yes	Unknown
	olan to hold a Media Briefing?	_	No	☐ Yes	Unknown
If Yes, when:	Where	·			
ALL CLEAR:					
Has an "All Clear	" been issued for the Community?		No	☐ Yes	If yes, time?
Reason:				-	
	" been issued for Plant Personnel?	2	No	☐ Yes	If yes, time?
Reason:					